

**FS-1**

SF# 50112

Rev. 02/01

**Indiana Department of Revenue  
Office of The Taxpayer Advocate****Financial Statement for Claim of Hardship or Offer in Compromise**

If you are filing a Claim of Hardship/Offer in Compromise with the Indiana Department of Revenue, please attach a detailed letter describing your circumstances, and a detailed medical statement from your physician including a statement of prognosis and diagnosis. Please fill out this form accurately and completely. **If this document is not fully completed and submitted timely, your hardship claim WILL BE DENIED and the collection process will continue.**

Liability # \_\_\_\_\_

Your TID # \_\_\_\_\_

FID # \_\_\_\_\_

**Personal Information**

Your Name and Address

Your Spouse's Name and Address

Your Date of Birth

Spouse's Date of Birth

Your Social Security Number

Spouse's Social Security Number

Your Home Telephone Number (     )

Spouse's Home Telephone Number (     )

**Please list the name, age and relationship of all dependents who live with you.**

Name

Age

Relationship

**Employment Information**

Your Employer's Name, Address and Telephone Number

Spouse's Employer's Name, Address and Telephone Number

area code (     )

area code (     )

**Bank Account(s) Information**

Please include all checking, savings, credit union accounts, Certificates of Deposit,  
and list safety deposit boxes held by you, your spouse and dependents.

Account Name

Type of Acct./Fin. Inst. Name

Account Number

Present Balance

**Schedule 1****Monthly Income Information**

Your net pay ..... \$ \_\_\_\_\_  
Your spouse's net pay ..... \$ \_\_\_\_\_  
Rents paid to you (list property rent is being derived from) ..... \$ \_\_\_\_\_  
Pensions ..... \$ \_\_\_\_\_  
Social Security Benefits ..... \$ \_\_\_\_\_  
Social Security Disability ..... \$ \_\_\_\_\_  
Profit from your business (**must attach Federal Schedule C, E, F or any other pertinent schedules**) .. \$ \_\_\_\_\_  
Commissions ..... \$ \_\_\_\_\_  
Alimony/Child support received ..... \$ \_\_\_\_\_  
Welfare/Food Stamp assistance ..... \$ \_\_\_\_\_  
Other income (please list source) ..... \$ \_\_\_\_\_  
Total Monthly Income ..... \$ \_\_\_\_\_

**Schedule 2****Monthly Expenses Information**

Rent ..... \$ \_\_\_\_\_  
Mortgage ..... \$ \_\_\_\_\_  
Alimony/Child support paid ..... \$ \_\_\_\_\_  
Groceries ..... \$ \_\_\_\_\_  
Electricity ..... \$ \_\_\_\_\_  
Heat (oil, gas, etc.) ..... \$ \_\_\_\_\_  
Water/Sewer ..... \$ \_\_\_\_\_  
Telephone ..... \$ \_\_\_\_\_  
Transportation (gasoline, bus fare, etc.) ..... \$ \_\_\_\_\_  
Medical Expenses (physician's bills, medication **not** paid by insurance) ..... \$ \_\_\_\_\_  
Insurance Cost -  
    Automobile ..... \$ \_\_\_\_\_  
    Health/Hospitalization ..... \$ \_\_\_\_\_  
    Life ..... \$ \_\_\_\_\_  
    Homeowner's/Renter's ..... \$ \_\_\_\_\_  
Total cost of insurance (auto, health, life, home, rental, etc.) ..... \$ \_\_\_\_\_  
Total cost of credit card payments (Visa, Discover, Mastercard, etc.) ..... \$ \_\_\_\_\_  
Total loan payments (auto, personal, etc.) ..... \$ \_\_\_\_\_  
Other expenses (**please itemize and explain below**) ..... \$ \_\_\_\_\_  
Total Monthly Expenses ..... \$ \_\_\_\_\_

Itemized Monthly Expenses and Explanations (attach additional sheets as needed)  
**If you are being supported by a friend or relative, please explain.**

**Schedule 3** Please list all credit cards, lines of credit and check overdraft protection held by you, your spouse and dependents.

Name	Credit Limit	Expiration Date	Balance Due

**Transfer of Assets**

Have you transferred any personal or corporate assets to anyone, including a relative, since the onset of your tax liability? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

**Schedule 4 Life Insurance and Pension Information**

Name of Insured/Beneficiary	Policy Number	Insurance Company Name	Amount you can borrow

**Schedule 5 Real Estate Information**

Address	Current Mortgage Value	Paid To	Balance Due

**Schedule 6 Motor Vehicle Information**

Year/Make	Current Value	Paid To (bank or individual)	Loan Balance

Please list other items that you and/or your spouse own or are currently buying (e.g., stocks bonds, boats, furniture, jewelry, mechanics tools, etc. Also, include interest in trusts, etc.)

**Attach additional sheets as needed.**

**Schedule 7****Loans that are currently outstanding**

Name of Finance Company	Amount of Payment	Balance Due

Please list the downpayment and monthly payment which you can presently make to the Department of Revenue.

Downpayment: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Please explain how you determined these figures:

**Additional Information (expected changes in income, health, etc.)**


**Affidavit**

Under penalties of perjury, I declare that this statement of assets and liabilities and all other information included in this document or attached thereto are true and correct to the best of my knowledge and belief. I authorize the Indiana Department of Revenue to verify any and all facts included in this document.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**Mail completed document to:**

Indiana Department of Revenue  
Office of The Taxpayer Advocate  
P.O. Box 6155  
Indianapolis, IN 46206-6155